# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

07101 166

Reg. Diat. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A151 9-45-15M

**1. PLACE OF DEATH:**

County: Garrett

City or town: Mt. Lake Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred: Evans Rest Home

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State: West Virginia County: Marion

City or town: Fairmont (If outside city or town limits, write RURAL and give nearest town)

Street No.: Tenth Street (If rural, give LOCATION)

2.(a) If veteran, name war:

**3. (a) FULL NAME:** Martha Jane Bailey

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

6.(b) Name of husband or wife: ##### L. C. Bailey

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 17, 1856

8. AGE: Years 94 Months 8 Days 23 If less than one day: hrs. min.

9. Birthplace: Independence, Preston County, W.Va. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Henry Roderick

13. Birthplace: Independence, W.Va.

MOTHER 14. Maiden name: Cyrene Ford

15. Birthplace: Independence, W.Va.

16. Informant: Mrs. R. Smith Tibbs

Address: Morgantown, W.Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15 1951 (month) (day) (year)

Cemetery or crematory: ##### Woodlawn

Location: Fairmont, W. Va.

18. Funeral director: [illegible]

Address: Terra Alta, W.Va.

19. 7/15/1951 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: July 10, 1951 at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-6 1951 to 7-10 1951 and that I last saw h.. alive on 7-9-51

Immediate cause of death: Cerebral Vascular Accident — Duration: 2 wks

Due to: Hypertension

Due to: Arteriosclerosis

Other conditions: Senility

33.1X (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: Oakland, Md. Date signed: 7-10-51

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

07102

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
LENGTH OF STAY (In this place) 50 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) J (Last) Beitzell

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2-16-1879

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm owner

10b. KIND OF BUSINESS OR INDUSTRY Farmer

11. BIRTHPLACE (State or foreign country) Rural Bittinger Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Beitzell

14. MOTHER'S MAIDEN NAME Mary Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS MrsCynthia Ellen Beitzell BittingerMd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) B. J. Baumgartner M.D. ADDRESS Oakland Md. DATE SIGNED 7/22/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-24-1951

NAME OF CEMETERY OR CREMATORY Bittinger

LOCATION (City, town, or county) (State) Bittinger Maryland

DATE REC'D BY LOCAL REG. 7-26-51

REGISTRAR'S SIGNATURE Mr. J. B. Emory

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

100105

RECEIVED
JUL 26 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07103

# CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harmon (Middle) (Last) Bittinger

4. DATE OF DEATH (Month) July (Day) 31 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May-27-1867
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-Owner-Retired
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) R D 2 Grantsville Md
12. CITIZEN OF WHAT COUNTRY? U. S. a

13. FATHER'S NAME Peter Bittinger
14. MOTHER'S MAIDEN NAME Sara Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Russel Bittinger Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

Antecedent cause(s)

331X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

830 (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to July 31, 1951, that I last saw the deceased alive on July 24, 1951, and that death occurred at 12:15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. R. Davis M. D. ADDRESS Grantsville Md. DATE SIGNED July 31 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-2-1951
NAME OF CEMETERY OR CREMATORY Bittinger Cemetary
LOCATION (City, town, or county) Bittinger Md (State)

DATE REC'D BY LOCAL REG. July 31/51
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1951
BUREAU V. S.

5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07104

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 17 hrs. 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOX 113, CRELLIN MARYLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) BOY (Last) BURRELL
4. DATE OF DEATH (Month) JULY (Day) 6 (Year) 1951
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH JULY 5, 1951
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 17 Min. 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME BURRELL, EUGENE WAKEFIELD
14. MOTHER'S MAIDEN NAME SHAFFER, JEANETTA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS EUGENE WAKEFIELD BURRELL, BOX 113, CRELLIN MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Aspiration of Amniotic Fluid — 17 hrs 50 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity 35 weeks

1600 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mother — Placenta Privia — C. Section Delivery

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1951, to 7-6, 1951, that I last saw the deceased alive on 7-6, 1951, and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Oakland DATE SIGNED 7-7-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/7/1951
NAME OF CEMETERY OR CREMATORY Hayes Cemetery
LOCATION (City, town, or county) Hayes, Md. (State)

DATE REC'D BY LOCAL REG. July 7 1951
REGISTRAR'S SIGNATURE Julia A Kowan
24. FUNERAL DIRECTOR Emory D. Bolden, Oakland, Md ADDRESS

20705120435 4

RECEIVED
17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07105

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~TERRA ALTA~~ Albright
STREET ADDRESS (If rural, give location) BOX 361

3. NAME OF DECEASED (Type or Print) (First) EFFIE (Middle) LUCINDA (Last) CASTEEL
4. DATE OF DEATH (Month) JULY (Day) 30 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 11/15/1884
9. AGE last birthday 66 ~~67~~ yrs. If under 1 year Months 8 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Terra Alta WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME SISLER, ALFRED
14. MOTHER'S MAIDEN NAME SYPOLT, MALISSA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ✓
17. INFORMANT AND ADDRESS CHARLES H. CASTEEL, SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Hypertensive Cardio vascular disease | 10 yrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral hemorrhage | 3 days |
| | (c) | |

443X
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 June, 1951, to 30 July 1951, that I last saw the deceased alive on 30 July, 1951, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John W. Hailey, M.D. ADDRESS Terra Alta W. Va. DATE SIGNED 31 July 51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF Aug. 2 1951
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Lenox, W.Va. (State)

DATE REC'D BY LOCAL REG. 8/2/1951
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR R. Malsan, Terra Alta, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

1

RECEIVED
AUG 6 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (In this place): 22 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: WEST VIRGINIA — COUNTY: PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TERRA ALTA
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ANNE (Middle) VIRGINIA (Last) FREELAND
4. DATE OF DEATH: (Month) JULY (Day) 28 (Year) 1951
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 1873
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WEST VIRGIHIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WOODRUFF
14. MOTHER'S MAIDEN NAME: CHAPHAM, MARY ELLEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS. R. C. LORENTZ (SISTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral [illegible] hage — 1 Day

3/1X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: E. S. Baumgartner (Degree or title) M.D. — ADDRESS: Oakland Md — DATE SIGNED: 7/28/51

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: July 31, 51 — NAME OF CEMETERY OR CREMATORY: Terra Alta — LOCATION (City, town, or county): Terra Alta — (State): W.Va.

DATE REC'D BY LOCAL REG.: 7/31/51 — REGISTRAR'S SIGNATURE: [illegible] Rowan

24. FUNERAL DIRECTOR: A. F. Collins — ADDRESS: Terra Alta W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. rural
LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Wilson (Last) Fulk

4. DATE OF DEATH (Month) (Day) (Year) 7/17/1951

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 11/22/1876

9. AGE last birthday 74 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of a Farm

10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer.

11. BIRTHPLACE (State or foreign country) Pennsylvania.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Fulk.

14. MOTHER'S MAIDEN NAME Mary Elizabeth George.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Morgan Fulk, Oakland, Md. Rt#2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probable coronary disease with acute attack — Interval Between Onset and Death: 1/2 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) _____

(c) Cerebro Arterio Sclerosis — 6 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. with generalized Vaso-Motor Instability

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1947, to July 17, 1951, that I last saw the deceased alive on 13 June, 1951, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas L Luoby M. D. ADDRESS Oakland. Md DATE SIGNED 7/18/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7/18/1951

NAME OF CEMETERY OR CREMATORY Ashby Cemetery

LOCATION (City, town, or county) (State) Crellin, Maryland.

DATE REC'D BY LOCAL REG. 7/19/51

REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Emmert W. Bowers ADDRESS Oakland, Md

RECEIVED
JUL 30 1951
BUREAU V. S.

07108

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park | LENGTH OF STAY (in this place) 9 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS c/o Mrs. H. B. Groves

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Deer Park
STREET ADDRESS (If rural, give location) 5 Mi. No. Deer Park, Md.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann (Last) Miller
4. DATE OF DEATH: (Month) July (Day) 18, (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1/23/1862
9. AGE last birthday: 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Johnson
14. MOTHER'S MAIDEN NAME: Mary Ann Harvey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -------
17. INFORMANT AND ADDRESS: Mrs. H. B. Groves Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic cardio-vasculardisease ? years
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable Carcinoma of uterus

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Aug., 1950, to July 18, 1951, that I last saw the deceased alive on July 17, 1951, and that death occurred at 8:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Thomas L. Lusby M. D. | Oakland, Md | 19 July 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/20/1951
NAME OF CEMETERY OR CREMATORY: Thayerville Cemetery
LOCATION (City, town, or county) (State): Garrett Co., Md.
DATE REC'D BY LOCAL REG.: 7-20-1951
REGISTRAR'S SIGNATURE: Julia A. Rawson
24. FUNERAL DIRECTOR: Herbert L. Leighton
ADDRESS: Oakland, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 30 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Creilin
LENGTH OF STAY (in this place) 6 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashby Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) R. F. D. #2

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) B. (Last) Rosenberger
4. DATE OF DEATH (Month) July (Day) 9, (Year) 1951 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4/13/1865
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ~~Unknown~~ August Rosenberger
14. MOTHER'S MAIDEN NAME ~~Unknown~~ Amy Linengood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. ----
17. INFORMANT AND ADDRESS Garrett Co. Welfare Board; Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

83a (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/5/51, 19....., to 7/9/51, 19....., that I last saw the deceased alive on 7/5/51, 19....., and that death occurred at 5:30A. m., from the causes and on the date stated above.

SIGNATURE L. J. Baumgartner M.D. (Degree or title) ADDRESS Oakland Md. DATE SIGNED 7/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/11/1951
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. July 11-1951
REGISTRAR'S SIGNATURE Julia A Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1951
BUREAU V. S.

1171

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) 109 OAK STREET

3. NAME OF DECEASED (Type or Print) (First) GERTRUDE (Middle) LENA (Last) SHARPS
4. DATE OF DEATH (Month) JULY (Day) 31, (Year) 1951
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JULY 10, 1894
9. AGE last birthday 57 yrs. If under 1 year Months Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) NEWBURG, WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME SHAFFERMAN, William
14. MOTHER'S MAIDEN NAME Belinda Trickett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Clarence Sharrs, 109 Oak st. Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 15 hrs

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hyper tension

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to July 31, 1951, that I last saw the deceased alive on July 31, 1951, and that death occurred at 8 a.m. from the causes and on the date stated above.

SIGNATURE E. I. Baumgartner M.D. (Degree or title) ADDRESS Oakland Md DATE SIGNED 8/1/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug. 3-1951 NAME OF CEMETERY OR ~~CREMATORY~~ Oakland LOCATION (City, town, or county) Oakland (State) Md

DATE REC'D BY LOCAL REG. 8/3/1951 REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Emroy Baldwin ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1951
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07111

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AURORA
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELLEN (Hanly) (Last) TROTTER
4. DATE OF DEATH: (Month) JULY (Day) 23 (Year) 19 51
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: Nov. 9, 1866
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWFE.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Patrick Hanly
14. MOTHER'S MAIDEN NAME: Bridget Cullinane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: (DAUGHTER) MRS. ELEANOR AHERN, SILVER SPRING, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hypostatic Pneumonia | 3 Days |
| 3314 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral hemmorhage | 37 Days |
| 83a | (c) Arteriosclerotic Cerebro Vascular Disease | 10 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 19 51, to July 23, 19 51, that I last saw the deceased alive on July 23, 19 51, and that death occurred at 5:52 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A.E. Mance M.D. Oakland Md. 24 July 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/25/1951
NAME OF CEMETERY OR CREMATORY: Catholic Cemetery
LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 7/25/51
REGISTRAR'S SIGNATURE: Julia A. Rowan
24. FUNERAL DIRECTOR: Herbert C. Leighton
ADDRESS: Oakland, Md.

RECEIVED
JUL 30 1951
BUREAU V. S.

07112

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 6 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location) PENNINGTON STREET

3. NAME OF DECEASED (Type or Print) (First) DELLA (Middle) BLY (Last) WELCH
4. DATE OF DEATH (Month) JULY (Day) 13 (Year) 1951

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MAY 10, 1906
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.
10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME KEISER, J. W.
14. MOTHER'S MAIDEN NAME Lucy Gasto.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS HOBERT WELCH, PENNINGTON ST., OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Broncho-pneumonia - | 36 hours |
| 350X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Parkinsons Syndrome | 2 years |
| 107 | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 24 1951, to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE A. E. Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 14 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/15/51
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REG. 7/15/51
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Emory D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A19

RECEIVED
JUL 17 1951
BUREAU V. S.